State:VermontGMCBFiling Company:MVP Health Plan, Inc.TOI/Sub-TOI:HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.003B Large Group Only

- POS

Product Name: VT LG HMO 2021 POS Riders

Project Name/Number: /

Filing at a Glance

Company: MVP Health Plan, Inc.

Product Name: VT LG HMO 2021 POS Riders

State: VermontGMCB

TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)

Sub-TOI: HOrg02G.003B Large Group Only - POS

Filing Type: GMCB Rate
Date Submitted: 02/12/2021

SERFF Tr Num: MVPH-132718695

SERFF Status: Assigned

State Tr Num: State Status: Co Tr Num:

Effective 07/01/2021

Date Requested:

Author(s): Matt Lombardo, Christopher Pontiff, Julia Dorr

Reviewer(s): Thomas Crompton (primary), David Dillon, Jacqueline Lee, Christina McLaughlin, Michael

Barber

Disposition Date:
Disposition Status:
Effective Date:

State Filing Description:

 State:
 VermontGMCB
 Filing Company:
 MVP Health Plan, Inc.

 TOI/Sub-TOI:
 HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.003B Large Group Only

- POS

Product Name: VT LG HMO 2021 POS Riders

Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:

Explanation for Combination/Other: Market Type: Group

Submission Type: New Submission Group Market Size: Large
Group Market Type: Employer Overall Rate Impact: -3.4%

Filing Status Changed: 02/16/2021

State Status Changed: Deemer Date:

Created By: Christopher Pontiff

Submitted By: Christopher Pontiff

Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions:

Filing Description:

The proposed manual rates included within this filing are for employer groups with 100+ employees in the state of Vermont with coverage dates beginning between 7/1/2021 - 12/31/2021.

Company and Contact

Filing Contact Information

Matt Lombardo, mlombardo@mvphealthcare.com

625 State Street 518-388-2483 [Phone]

Schenectady, NY 12305

Filing Company Information

MVP Health Plan, Inc.CoCode: 95521State of Domicile: New York625 State StreetGroup Code: 1198Company Type: HealthSchenectady, NY 12305Group Name:Maintenance Organization

(518) 388-2469 ext. [Phone] FEIN Number: 14-1640868 State ID Number:

State:VermontGMCBFiling Company:MVP Health Plan, Inc.TOI/Sub-TOI:HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.003B Large Group Only

- POS

Product Name: VT LG HMO 2021 POS Riders

Project Name/Number: /

Filing Fees

State Fees

Fee Required? No Retaliatory? No

Fee Explanation:

SERFF Tracking #: MVPH-132718695 State Tracking #: Company Tracking #: Company Tracking #:

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.003B Large Group Only - POS

Product Name: VT LG HMO 2021 POS Riders

Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: SERFF

Rate Change Type: Decrease

Overall Percentage of Last Rate Revision: 0.000%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

SERFF Tracking Number of Last Filing:

Company Rate Information

Company	' '	Overall % Indicated Change:	Overall % Rate Impact:	Premium	Number of Policy Holders Affected for this Program:	Premium for	Maximum % Change (where req'd):	Minimum % Change (where req'd):
MVP Health Plan, Inc.	Decrease	-3.400%	-3.400%	\$-17	6	\$487	-3.400%	-3.400%

State:VermontGMCBFiling Company:MVP Health Plan, Inc.TOI/Sub-TOI:HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.003B Large Group Only

- POS

Product Name: VT LG HMO 2021 POS Riders

Project Name/Number: /

Rate Review Detail

COMPANY:

Company Name: MVP Health Plan, Inc.

HHS Issuer Id: 92082

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
Preferred Suite HD POS			6
Preferred Suite POS			1

Trend Factors:

FORMS:

New Policy Forms: VT POS COC

Affected Forms:

Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Semi-annual

Member Months: 126
Benefit Change: None

Percent Change Requested: Min: -3.4 Max: -3.4 Avg: -3.4

PRIOR RATE:

Total Earned Premium: 503.57
Total Incurred Claims: 0.00

Annual \$: Min: 13.99 Max: 13.99 Avg: 13.99

REQUESTED RATE:

Projected Earned Premium: 486.66 Projected Incurred Claims: 0.00

Annual \$: Min: 13.52 Max: 13.52 Avg: 13.52

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.003B Large Group Only - POS

Product Name: VT LG HMO 2021 POS Riders

Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2021 ACT MEMO HMO Large Group.pdf VT LG HMO POS 2021 Rate Filing SERFF.pdf VT LG HMO POS 2021 Rate Filing SERFF.xlsx
Item Status:	
Status Date:	
Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Civil Union Rating Requirements
Comments:	MVP's forms satisfy 8 V.S.A. § 4724.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Filing Compliance Certification
Comments:	
Attachment(s):	Certification of Compliance - VT.pdf
Item Status:	
Status Date:	
Bypassed - Item:	Third Party Filing Authorization
Bypass Reason:	N/A
Attachment(s):	

SERFF Tracking #:	MVPH-132718695	State Tracking #:	Company Tracking #:		
State:	VermontGMCB		Filing Company:	MVP Health Plan, Inc.	
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.003B Large Group Only - POS				
Product Name:	VT LG HMO 2021 POS Riders				
Project Name/Number:	/				
Item Status:					
Status Date:					
Bypassed - Item:	Ur	nified Rate Review Template)		
Bypass Reason:	N/	'A			
Attachment(s):					
Item Status:					

Status Date:

State: VermontGMCB Filing Company: MVP Health Plan, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.003B Large Group Only - POS

Product Name: VT LG HMO 2021 POS Riders

Project Name/Number: /

Attachment VT LG HMO POS 2021 Rate Filing SERFF.xlsx is not a PDF document and cannot be reproduced here.



ACTUARIAL MEMORANDUM

2021 Large Group MVPHP Manual Rate Filing

Purpose of Filing

The purpose of this filing is to demonstrate the development of manual rates in support of MVP Health Plan's (MVPHP) Large Group POS rider portfolio and seek approval of the manual rates used to develop group specific premium rates. The premium rates included in this filing are for group effective dates between 7/1/2021 and 12/31/2021. The rates are effective for 6 months. This rate filing has been prepared to satisfy the requirements of 8 V.S.A § 5104 and is not intended to be used for other purposes.

MVP is proposing these point of service (POS) riders to provide out-of-network (OON) coverage as a supplement to the in-network (INN) coverage. The in-network plans can be found in SERFF filing number MVPH-132497714.

Scope of Filing

As of January 2021, there are 6 members enrolled in MVPHP's large group block of business with OON coverage (via combined HMO/HDHMO products).

All the riders in this filing are a percentage of the manual rate. MVP is not proposing to change any of the manual rates in this filing.

Actuarial Certification

I, Chris Pontiff, am an Associate of the Society of Actuaries. I have examined the assumptions and methods used in determining MVP's requested rates. Based on my review and examination, it is my opinion that the proposed premium rates are reasonable in relation to the benefits provided and that they are not excessive, inadequate, nor unfairly discriminatory. This rate filing conforms to the applicable Standards of Practice as promulgated by the Actuarial Standards Board.

Chris Pontiff, ASA Leader, Actuarial

MVP Health Care

02/12/2021

Date



MVP Health Care -- 2021 LG POS MVPHP Rate Filing

Large Group VT POS MVPHP Rate Filing For Effective Dates Beginning Between July 1, 2021 - December 31, 2021

Exhibit 1 -- Medical Rider Rates

Exhibit 1 -- Medical Riders

Large Group VT POS MVPHP Rate Filing For Effective Dates Beginning Between July 1, 2021 - December 31, 2021

HMO Rider	Description	Product Type	Net Required Revenue	Quarterly Change	Annual Manual Rate Change
SV3HMB101L	\$1,000 Deductible / 40% Coinsurance / \$6,650 OOP Max	POS	3.6%	0.0%	0.0%
SV3HMB102L	\$2,000 Deductible / 40% Coinsurance / \$6,650 OOP Max	POS	3.3%	0.0%	0.0%
SV3HDH102L	\$2,000 Deductible / 40% Coinsurance / \$6,650 OOP Max	POS	3.3%	0.0%	0.0%
SV3HMB103L	\$4,000 Deductible / 40% Coinsurance / \$8,000 OOP Max	POS	2.8%	0.0%	0.0%
SV3HDH103L	\$4,000 Deductible / 40% Coinsurance / \$8,000 OOP Max	POS	2.8%	0.0%	0.0%
SV3HMB104L	\$6,500 Deductible / 40% Coinsurance / \$13,000 OOP Max	POS	2.0%	0.0%	0.0%
SV3HDH104L	\$6,500 Deductible / 40% Coinsurance / \$13,000 OOP Max	POS	2.0%	0.0%	0.0%
SV3HMB105L	\$8,000 Deductible / 40% Coinsurance / \$16,000 OOP Max	POS	1.6%	0.0%	0.0%
SV3HDH105L	\$8,000 Deductible / 40% Coinsurance / \$16,000 OOP Max	POS	1.6%	0.0%	0.0%

Certification of Compliance

I hereby certify that I have reviewed the applicable filing requirements for this filing and the filing complies with all applicable statutory and regulatory provisions for the state of Vermont.

Print Name: Karla Austen Title: Chief Financial Officer & Executive Vice President

Signature: MA

Date: 02/12/2021